

**VERMONT FILING CHECKLIST
PROPERTY & CASUALTY INSURERS**

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: Vermont **Filings Made During the Year 2013**

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½" x 14")	2	EO	xxx	3/1	NAIC	H, L
	1.1	Printed Investment Schedule detail (Pages E01-E27)	2	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	2	EO	xxx	5/15, 8/15, 11/15	NAIC	
	3	Protected Cell Annual Statement	2	0	xxx	3/1	NAIC	
	4	Combined Annual Statement (8 ½" x 14")	2	EO	xxx	5/1	NAIC	
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	
	11	Actuarial Opinion	2	EO	xxx	3/1	Company	
	12	Actuarial Opinion Summary	2	N/A	xxx	3/15	Company	
	13	Bail Bond Supplement	2	EO	xxx	3/1	NAIC	
	14	Combined Insurance Expense Exhibit	2	EO	xxx	5/1	NAIC	
	15	Credit Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	
	16	Director and Officer Insurance Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	17	Exceptions to Reinsurance Attestation Supplement	2	N/A	xxx	3/1	Company	
	18	Financial Guaranty Insurance Exhibit	2	EO	xxx	3/1	NAIC	
	19	Health Care Exhibit (Parts 1, 2 and 3) Supplement	2	EO	xxx	4/1	NAIC	
	20	Health Care Exhibit's Allocation Report Supplement	2	EO	xxx	4/1	NAIC	
	21	Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	
	22	Insurance Expense Exhibit	2	EO	xxx	4/1	NAIC	
	23	Long-Term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	
	24	Management Discussion & Analysis	2	EO	xxx	4/1	Company	
	25	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	
	26	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	27	Premiums Attributed to Protected Cells Exhibit	2	EO	xxx	3/1	NAIC	
	28	Reinsurance Attestation Supplement	2	EO	xxx	3/1	Company	
	29	Reinsurance Summary Supplemental	2	EO	xxx	3/1	NAIC	
	30	Risk-Based Capital Report	2	EO	xxx	3/1	NAIC	
	31	Schedule SIS	2	N/A	N/A	3/1	NAIC	
	32	Supplement A to Schedule T	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	33A	Supplemental Compensation Exhibit: cash-based	1	N/A	N/A	3/1	NAIC	X
	33B	Supplemental Compensation Exhibit: accrual-based	1	N/A	N/A	3/1	NAIC	X
	34	Trusted Surplus Statement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	50	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	S
	51	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	S
	52	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	S
	53	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	S
	54	Combined Annual Statement Electronic Filing	xxx	EO	xxx	5/1	NAIC	S
	55	Combined Annual Statement .PDF Filing	xxx	EO	xxx	5/1	NAIC	S
	56	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	S
	57	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	S
	58	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	S
	59	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	S
	60	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	S
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	71	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	DD
	72	Audited Financial Reports	1	EO	xxx	6/1	Company	DD
	73	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	8/1	Company	DD

	74	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	DD
	75	Independent CPA (change)	1	N/A	N/A	When appointed	Company	DD
	76	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	DD
	77	Notification of Adverse Financial Condition	1	N/A	N/A	When issued	Company	DD
	78	Request for Exemption to File	1	N/A	N/A	6/1	Company	DD
	79	Request to File Consolidated Audited Annual Statements	1	N/A	N/A	3/1	Company	DD
	80	Relief from the five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	Company	DD
	81	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	DD
	82	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	DD
		V. STATE REQUIRED FILINGS***						
	101	Certificate of Compliance	0	0	0		State	P
	102	Certificate of Deposit	0	0	0		State	Q
	103	Filings Checklist (with Column 1 completed)	1	0	0	3/1	State	
	104	Premium tax – file with Vermont Department of Taxes	1	0	1	2/29 and quarterly	State	D
	105	Vermont Annual Fee Calculation Report	1	0	1	3/1	State	
	106	Vermont Annual Filing Fee (check)	1	0	1	3/1	Company	
	107	Signed Jurat	xxx	0	1	3/1	NAIC	L
	108	Accident and Health Advertising Certificate	1	0	1	3/1	Company	O
	109	Notice of Legal Actions Involving Other Insurance Departments	1	0	1	When issued	Company	U
	110	Vermont Domestic Annual Report & Annual Meeting Notification Materials Sent to Policyholders	1	0	xxx	When available	Company	Z
	111	Vermont Domestic Holding Company Forms B & C	2	0	xxx	3/15	Company	AA
	112	Vermont Health Care Administration Supplemental Filing (also known as Annual Statement Supplement)	1	0	1	3/1	State	BB
	113	Vermont Mandated Liquor Liability Report	1	0	1	3/1	State	CC
	114	Insurer Climate Risk Disclosure Survey	1	0	0	5/1	NAIC	EE

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

***For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC.

		VERMONT'S NOTES AND INSTRUCTIONS (A-N APPLY TO ALL FILINGS)	
	A	Required Filings Contact Person:	Company Licensing Insurance Division (802) 828-2470 dfr.complic@state.vt.us
	B	Mailing Address:	Company Licensing Insurance Division Vermont Department of Financial Regulation 89 Main Street Montpelier, VT 05620-3101
	C	Mailing Address for Filing Fees:	Mail fees to the address in Note B. Make check payable to Vermont Department of Financial Regulation. Indicate NAIC number on check. Provide separate check for each company.
	D	Mailing Address for Premium Tax Payments:	Taxpayer Services Division Vermont Department of Taxes PO Box 547 Montpelier, VT 05601-0547 or 133 State Street Montpelier, VT 05633-1401 Make checks for premium taxes payable to Vermont Department of Taxes. Direct questions regarding premium tax payments to: Business Tax Examiner (802) 828-6837
	E	Delivery Instructions:	All filings and fees must be physically received at the address in Note B no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.
	F	Late Filings:	Insurers may be fined for a late filing.
	G	Original Signatures:	Original or facsimile signatures are accepted on filings from foreign insurers. Original signatures are required on filings from domestic insurers.
	H	Signature/Notarization/Certification:	At least two executive officers are required to sign the annual statement. Vermont domestic insurers must include the original signature of the President or CEO. Signatures for domestic insurers must be notarized.
	I	Amended Filings:	Amended items must be filed within ten (10) days of their amendment, along with an explanation thereof.
	J	Exceptions from normal filings:	Foreign insurers must supply a written copy of any exemption or extension received by its state of domicile to receive same from Vermont.
	K	Bar Codes (State or NAIC):	Vermont does not use bar codes.

	L	Signed Jurat:	Foreign insurers that file electronically with the NAIC are instructed to complete and file the Jurat page in place of the annual statement (original or facsimile signatures accepted). For Vermont domestic insurers, see Note H.
	M	Vermont Filing Due Dates:	Annual filings for HMDIs and all other insurers are due 3/1. Annual filings for HMOs are due 4/1.
	N	Filings new, discontinued or modified materially since last year:	Annual filings for HMOs are due 4/1 .
	O	Accident and Health Advertising Certificate:	Vermont Regulation 71-1, 15B requires only insurers who sell Accident and Health products in Vermont (excepting Medicare prescription drug coverage (PDP) companies) to submit an Accident and Health Advertising Certificate. Send to the address in Note B.
	P	Certificate of Compliance:	Foreign insurers are not required to file certificates of compliance.
	Q	Certificate of Deposit:	Foreign insurers are not required to file certificates of deposit.
	R	Certificate of Valuation:	Domestic insurers are required to submit a Certificate of Valuation. Send to the address in Note B.
	S	Electronic Filings:	Vermont relies on the electronic filings made with the NAIC.
	T	Net Worth, Deposit and Designated Reserve Calculations – HMO:	8 VSA §5102(e)(3)(B) requires insurers to file with the Commissioner the net worth, deposit and designated reserve calculations made under subsections 5102b(b) and (c) of this title. Direct questions regarding this filing to Jesse Lussier, Company Licensing at (802) 828-3690. Send to the address in Note B.
	U	Notice of Legal Actions Involving Other Insurance Departments:	Vermont Bulletin 30 requires insurers doing business in Vermont to inform the department of legal actions involving other insurance departments. Direct this information to: Christina R. Rouleau Director of Market Regulation Vermont Department of Financial Regulation 89 Main Street Montpelier, VT 05620-3101 (802) 828-2910

V	Report on the Operations of the Quality Assurance Program and the Grievance Procedures – HMO:	8 VSA §5102(e)(3)(A) requires insurers to submit a report on the operations of the quality assurance program and the grievance procedures describing any changes made in the operations of the quality assurance program and the grievance procedures during the preceding calendar year. Send report to: Health Care Administration Vermont Department of Financial Regulation 89 Main Street Montpelier, VT 05620-3101 Direct questions regarding this report to (802) 828-2900.
W	Request to File Consolidated Audited Annual Statements:	Foreign insurers may file audited consolidated or combined financial statements if the insurer is part of a group of insurance companies that utilizes a pooling or 100% reinsurance agreement, and such insurer cedes all its business to the pool, per 8 VSA 3578(g). Specific departmental approval is not necessary.
X	Supplemental Compensation Exhibit :	Vermont domestic insurers are required to file two versions of the Supplemental Compensation Exhibit annually with the Insurance Division. One version should be on a cash basis and the other on an accrual basis . Insurers shall disclose the compensation of the chief executive officer and the four most highly paid other executive officers. These employees need only be identified by their titles. See NAIC Annual Statement Instructions Sup. Inst. 2-1. Send to the address in Note B.
Y	Vermont Antitrust Compliance Policy Certification:	The Certificate of Authority issued to The Vermont Health Plan LLC (TVHP) requires this certification. Send to the address in Note B.
Z	Vermont Domestic Annual Report & Annual Meeting Notification Material Sent to Policyholders	Domestic insurers are required to provide copies of this notification to the Insurance Division. Send to the address in Note B.
AA	Vermont Domestic Holding Company Forms B & C:	Domestic insurers are required to file annual Holding Company Forms B & C, per 8 VSA §3684(a). Send to the address in Note B. Also send electronic copies to dfr.complic@state.vt.us
BB	Vermont Health Care Administration Supplemental Filing (also known as the Annual Statement Supplement):	This form must be completed online. Questions should be directed to: Sarah A. Lindberg Data and Information Manager Vermont Department of Financial Regulation (802) 828-1978 sarah.lindberg@state.vt.us

	CC	Vermont Mandated Reporting (Liquor Liability Report):	8 VSA §3567 and Vermont Bulletin 89 mandate collection of liquor liability statistics. Direct any questions regarding completion of this form to Kevin Gaffney at (802) 828-4845. Send to the address in Note B.
	DD	Audited Financial Statements	Filings must be made in accordance with Vermont Regulation I-2009-06, Annual Financial Reporting Regulation.
	EE	Insurer Climate Risk Disclosure Survey	Only Domestic companies need to file this document. Disclosure is mandatory for companies with premium over \$500M and the lead company in a group is a Vermont domestic. The form may be found at http://www.naic.org/documents/committees_explen_climate_survey_032810.pdf

**General Instructions
For Companies to Use Checklist**

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The ***Annual Statement Electronic Filing*** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The ***March .PDF Filing*** is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The ***Risk-Based Capital Electronic Filing*** includes all risk-based capital data.

The ***Risk -Based Capital .PDF Filing*** is the .pdf file for risk-based capital data.

The ***Supplemental Electronic Filing*** includes all supplements due April 1, per the *Annual Statement Instructions*.

The ***Supplemental .PDF Filing*** is the .pdf file for all supplemental schedules and exhibits due April 1.

The ***Quarterly Statement Electronic Filing*** includes the complete quarterly statement data.

The ***Quarterly Statement .PDF Filing*** is the .pdf file for quarterly statement data.

The ***Combined Annual Statement Electronic Filing*** includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The ***Combined Annual Statement .PDF Filing*** is the .pdf file for the Combined annual statement data and the combined Insurance Expense Exhibit.

The ***June .PDF Filing*** is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: “NAIC,” “State,” or “Company,” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions. If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*..

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.